



Date Rec'd:

Number:

VOLUNTEER APPLICATION

If accepted as a volunteer, I agree to volunteer in the following program/activity:

(If you are a volunteer coach, please list the organization's name)

Name: _____

Home Address: _____

City/State/Zip: _____

Work Phone: _____ **Home Phone:** _____

E-mail: _____ **Cell Phone:** _____

Best way to contact you: ☐ Daytime Phone ☐ Evening Phone ☐ Cell Phone ☐ E-mail

Personal Information: ☐ I am 18 or older **Date of Birth – (mm/dd/yyyy)** _____

Contact information in case of emergency : **Name:** _____

Relationship: _____ **Phone Number:** _____

Medical Information: Are there any allergies, medical issues or disability concerns that we should be aware of?

Education: (check all that apply): ☐ High School Graduate ☐ Undergraduate Degree ☐ Graduate Degree

Employment Information (please check): ☐ Employed ☐ Unemployed ☐ Retired ☐ Student

Please list employer's name or school attending: _____

Occupation: _____

Previous Volunteer Experience: _____

Please list any information that you consider pertinent to your interest in volunteering; including professional affiliations, School honors, skills, strengths, training and /or experience:

Do you have a family member participating in the program you are volunteering for? ☐ Yes ☐ No

If yes, please provide the name(s) of the participant(s): _____

Are you a returning volunteer? ☐ Yes ☐ No

References: We reserve the right to check references on all potential volunteers. Please list three people other than relatives who would be willing to serve as personal references who have known you for at least one year.

Last Name: _____ First Name: _____ Daytime Phone: _____

Last Name: _____ First Name: _____ Daytime Phone: _____

Last Name: _____ First Name: _____ Daytime Phone: _____

General Information: Affirmative response to the following question will not automatically exclude you from volunteering.

Have you ever been convicted of an offense in an adult court? No ☐ Yes ☐

If yes, please explain:

- I give Howard County department of Recreation and Parks permission to do a background check prior to my volunteer assignment. I understand that my volunteer service is contingent upon receiving satisfactory background check results.
- I understand that I will not be paid as a volunteer.
- I understand that I will serve at the pleasure of the Appointing Authority of the Department/Agency (or their designee) and may be dismissed from my volunteer duties at any time, with or without cause. A volunteer may not be selected for volunteer service. This determination may be made with or without cause.
- I agree to perform the volunteer duties to which I am assigned to the best of my ability and in a professional manner.
- I understand that as a volunteer, authorized by the Volunteer Coordinator, I am afforded liability protection with respect to damages to third parties to the same extent as county employees, as long as I am acting within the scope of my duties as a volunteer. Howard County assumes no liability for injury to myself or damage to my personal property unless caused by the negligence of the County.
- On behalf of myself and/or my child, I understand that there are inherent dangers in any recreational activity or program such as slips, falls, and various athletic injuries related to sports and play. I/we hereby release and hold harmless Howard County, Maryland, its officials, agents and employees from liability or obligation arising from, or in connection with, my/my child's volunteer activities.
- Howard County Department of Recreation and Parks reserves the right to photograph programs and volunteers for publicity purposes.

I hereby certify that the information provided above is true and complete and I accept the terms and conditions of volunteering for Recreation and Parks.

Signature of Applicant

Date

If volunteer is under 18 years of age, a parent or guardian must consent to an applicant's working as a volunteer. I hereby consent to my child's participation in the Howard County Department of Recreation and Parks volunteer program.

Signature of Parent/Guardian

Date

For Department Of Recreation And Parks Use Only:

Start date: _____ Length of Commitment: _____

Coordinator/Supervisor Signature: _____ Date: _____